

Medical/Dental Coverage Page

Navigation: Main Menu > Self Service > Benefits > Open Enrollment > Medical/Dental Coverage

Current Coverage:

Would you like to make a change to your coverage?

Medical / Dental Enrollment

Open Enrollment Information

This is your Current Coverage

Type of Benefit	Plan Selected	Coverage	Covered Participants
Medical	SelectCare, After-Tax		
Dental	Northeast Delta Dental		

Would you like to make a change to your coverage? ☐ Change for 2022 ☒ All selections the same as above

- **Change for 2022** – select this if you want to make a change to the current coverage for the upcoming CY.
- **All selections the same as above** – select this if you do not want to make a change for the upcoming calendar year. If you already submitted an election request but have decided that you would rather not make a change to your current coverage for the new year, then just select this radio button and re-submit to overwrite the previous submitted request.

Action Request Option Guide:

Whatever is selected in the self-row (see Relationship to Employee field) will impact what changes can be made in the dependent rows. When adding dependents they must be enrolled in the same plan as the employee.

Current/Existing Participants (Employee & Dependents)

Note: whether or not a participant is currently enrolled in a plan is indicated in the Cov MED and Cov DEN fields. If a participant is enrolled in Medical or Dental they will have a check in that field (MED or DEN); if they are not enrolled in that plan the field will be left blank.

The screenshot shows a table with columns: Cov MED, Cov DEN, Medical Plan, Last Name, First Name, Social Security #, Date of Birth, Gender, Relationship to Employee, *Action Request - MED, and *Action Request - DEN. The first row is for the employee (Self) with 'SelectCare Before-Tax' as the medical plan. The other rows are for dependents (Spouse, Child, Child). A dropdown menu is open for the 'Self' row's *Action Request - MED field, showing options: Cancel Coverage, Enroll, and No Change.

- **Enroll -**
 - A. You will use 'Enroll' only when the dependent or employee is not currently a covered participant for that plan.
 - B. The only exception is when the employee is changing their Medical Plan. If the employee is changing their medical plan, the self-row for the Action Request MED field should be set to Enroll.

Note: there are multiple plan options for Medical, while there is only one for Dental, so dental self-row will follow the same rule mentioned in A.

Other than this scenario, the Employee (self) and dependents will follow these rules for Action Request options:

- **No Change –**

For Dependents: to be used if no change is to be made to the employee coverage status. Even if the employee is changing their medical plan, if there is no change to the selected dependents coverage status, then they should select 'No Change'.

For Employees: to be used if the employee is not changing their plan or their enrollment status.

- **Cancel Coverage –**

For Dependents & Employee: to be used when a currently enrolled employee or dependent is canceling coverage for a plan.

Note: If an employee cancels their coverage for a plan, then the coverage for all dependents will also be canceled and new dependents will be prevented from being enrolled in that plan.

New Dependents:

New dependents have slightly different options from currently covered participants (existing dependents and the employee). Since they are not currently enrolled in a plan, they cannot have their coverage canceled. So, their options are the following:

Personalize Find 1 of 1 Last		
Submission Status	Dependent	Relationship
1 Added	Test, James	Child
		<div>Do Not Enroll Enroll</div>

Enroll – do enroll this dependent in the plan

Do Not Enroll – do not enroll this dependent in the plan

Adding/Editing/Removing New Dependents

Employees can add children, domestic partners, and spouses as new dependents, but they cannot enroll more than one spouse or domestic partner. If they have a current domestic partner or spouse, they can cancel the coverage and add a new one; or if they do not have one, they can enroll a new spouse or domestic partner.

New dependents can be added in the New Dependent Information page:

New Dependent Information

Dependent Personal Information

Select Dependent

*First Name Middle Name *Last Name

Social Security # *Date of Birth *Gender

*Relationship to Employee

The button to access this page is shown here on the Medical/Dental Coverage page:

Would you like to add new dependents?

Step 1 - Add Dependent/Spouse

Enter/Edit New Dependent Information

Note: Employees cannot edit an existing dependent's information from this page – except for changing a Domestic Partner to Spouse.

This can be done by taking the following steps:

- 1) setting the Action Request fields to Cancel Coverage for any plan that the Domestic Partner is currently enrolled in.
- 2) Click 'Enter/Edit New Dependent Information'

- 3) In the blank fields enter the DP's information (name, SSN, DOB, Gender), and in the Relationship to Dependent field enter 'Spouse'.
- 4) Save the record.

*****Note you will need to provide a Marriage Certificate to the Benefits team (a pop-up reminder will be provided on the Confirm and Submit page after clicking Next)**

If a new dependent has been added by mistake in the New Dependent Information page, you can remove/delete this record by:

- 1) Click 'Enter/Edit New Dependent Information'
- 2) Select the dependent record from the dropdown that you would like to delete

New Dependent Information

Dependent Personal Information

Select Dependent

Test, James - Child

*First Name Middle Name *Last Name
 Social Security # *Date of Birth *Gender
 *Relationship to Employee

Cancel

Delete

Save

- 3) Click 'Delete'

New Dependent Information

Dependent Personal Information

Select Dependent

Test, James - Child

*First Name James Middle Name *Last Name Test
 Social Security # *Date of Birth 09/02/2021 *Gender Male
 *Relationship to Employee Child

Cancel

Delete

Save

- 4) You will be brought back to the Main Medical/Dental Enrollment page, and the selected dependent will be marked as "Delete". Dependents in Delete status do not get included in the submitted request and do not show up on the submission confirmation page.

Personalize Find First 1 of 1 Last				
Submission Status	Dependent	Relationship	*Enroll Medical	*Enroll Dental
1 Delete	Test, James	Child	Do Not Enroll	Do Not Enroll

- 5) When you submit your request, any dependent left in Delete status will not be included on the Submission Confirmation and they will not be added to your coverage.

FSA Plan Page

Navigation: Main Menu > Self Service > Benefits > Open Enrollment > FSA

Using the FSA Page

The FSA page is very straight forward.

Enrolling in FSA: If you would like to enroll in either a Health Care Expense or Dependent Daycare Expense FSA for calendar year 2022, follow the steps in order. Then click 'Next' once you have completed the steps.

Skipping FSA: If you do not want to enroll in an FSA, then just scroll to the bottom of the page and select 'Next' to move on to the Medical page.

FSA Enrollment
[Open Enrollment Information](#)
Open Enrollment for year 2022 [See Instructions](#)
This form must be submitted during Open Enrollment each November to remain in the program

STEP 1 - SELECT AN ACTION
☐ Enroll in Flexible Spending Account program

STEP 2 - VERIFY YOUR INFORMATION
Name _____
Date of Birth _____ Empl ID _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Postal Code _____

STEP 3 - SELECT FSA PROGRAMS

For Healthcare Expenses
What expenses qualify for this program? [?](#)
☐ Enroll in FSA Program for Health Care Expenses
Annual Salary Reduction amount \$0.00 Estimated Deduction per Pay-Period \$0.00
(Annual maximum of \$2,750; Minimum amount of \$130)

For Dependent Daycare Expenses
What expenses qualify for this program? [?](#)
☐ Enroll in FSA Program for Dependent Daycare Expenses
Annual Salary Reduction amount \$0.00 Estimated Deduction per Pay-Period \$0.00
(Cannot exceed \$5,000 or \$2,500 if Married filing separate income tax returns; Minimum amount of \$130)

STEP 4 - SELECT REIMBURSEMENT METHOD
☐ Direct Deposit to my account ☐ Mail Check

Direct Deposit Information
Populate Banking Information from Direct Deposit
Name of Financial Institution/Bank _____
Bank Routing Number (9-digit) _____ [View check example](#)
Account Number _____ Account Type _____

STEP 5 - ORDER ASIFLEX DEBIT CARDS
FSA Debit Card Order (for Healthcare Expenses only)
Do I have to order a card? [?](#)
☐ ASIFlex Card Order - Check ONLY if you currently do not have a card
For replacement/additional cards, please contact Benefits

Next

If you decide after submitting an FSA request that you do not want to enroll in one or both plans you enrolled in, you just need to uncheck the checkboxes for the program you do not want to enroll in, then just re-submit the request.